

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214537357				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Towers Watson Delaware Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2014</p> <p>SCC ID NO: F1160854</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 901 NORTH GLEBE ROAD</p> <p style="text-align: center;">CITY/ST/ZIP: ARLINGTON, VA 22203</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN HALEY TITLE: PRESIDENT & CEO ADDRESS: 901 NORTH GLEBE ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22203 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN HALEY TITLE: PRESIDENT & CEO ADDRESS: 901 NORTH GLEBE ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
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NAME:	MARC FREEDMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP FOR INS		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	KIRKLAND L. HICKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, GC & SEC.		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	SCOTT KEYES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP FOR INS		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	STEPHEN K. LEVENE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP FOR INS		
ADDRESS:	ONE STAMFORD PLAZA		
CITY/ST/ZIP/CO:	263 TRESSER BLVD. STAMFORD, CT 06901		
NAME:	ROGER MILLAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & CFO		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	PAUL M. PERRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP FOR INS		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	LAWRENCE JAMES RACIOPPO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP FOR INS		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	MARK C. SPANGLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP FOR INS		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	MICHAEL O'BOYLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	WILLIAM RIGGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	KAREN M. ALLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIVACY OFFICER		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	ANNE BODNAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF ADMIN OFC		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	NORMAN BUCHANAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GLOBAL TAX DIR		
ADDRESS:	1500 MARKET STREET		
CITY/ST/ZIP/CO:	CENTRE SQUARE EAST PHILADELPHIA, PA 19102		
NAME:	SHARON CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CH MKTG OFC		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JOHN DICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHF INFO OFC		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	NEIL FALIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	SCOTT KENNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	SCOTT KENNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COMPLIANCE OFC		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	GAIL MCKEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHF HR OFFICER		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	MICHAEL M THOMSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JOHN HALEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JAMES FOREMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 NORTH GLEBE ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN HALEY DIRECTOR 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN HALEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN HALEY, PRESIDENT & CEO PRINTED NAME AND CORPORATE TITLE	7/29/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			